

Section 5:– Equality Monitoring Information

This section of the application form will be used for monitoring and selection purposes only.

NHS England and HPMA are committed to advancing equality. For more information about how we process your personal data, please see our [privacy notice](#).

We seek to achieve diversity across all of our programmes by ensuring that no member receives less favourable treatment on grounds of (but not limited to) age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation, or is placed at a disadvantage by conditions or requirements that cannot be shown to be justifiable.

Age	☐ 18–35	☐ 36–50	☐ 51–65	☐ Over 65	☐ I do not wish to disclose this
------------	--------------------------------	--------------------------------	--------------------------------	----------------------------------	---

Gender	☐ Male	☐ Female	☐ Other	☐ I do not wish to disclose this
---------------	-------------------------------	---------------------------------	--------------------------------	---

I would describe my ethnic origin as:		
Asian or Asian British ☐ Bangladeshi ☐ Indian ☐ Pakistani ☐ Any other Asian background	Mixed ☐ White & Asian ☐ White & Black African ☐ White & Black Caribbean ☐ Any other mixed background	Other Ethnic Group ☐ Chinese ☐ Any other ethnic group ☐ I do not wish to disclose this
Black or Black British ☐ African ☐ Caribbean ☐ Any other Black background	White ☐ British ☐ Irish ☐ Any other White background	

Please select the option which best describes your sexual orientation	
☐ Gay woman (lesbian) ☐ Gay man ☐ Bisexual	☐ Heterosexual (straight) ☐ Other ☐ I do not wish to disclose this

Please indicate your religion or belief

- | | | |
|---------------------------------------|-----------------------------------|---|
| ☐ Atheism | ☐ Jainism | ☐ Other |
| ☐ Buddhism | ☐ Sikhism | ☐ No religion |
| ☐ Christianity | ☐ Hinduism | ☐ I do not wish to disclose this |
| ☐ Islam | ☐ Judaism | |

Do you consider yourself to have a disability?

- | | |
|------------------------------|---|
| ☐ Yes | ☐ I do not wish to disclose this |
| ☐ No | |